

**ASSESSMENT OF HEALTH WORKFORCE PILOT PROJECT (HWPP #171)**  
**Shasta-Diablo Site Visit**  
**For Kaiser Permanente Trainees**  
**December 1, 2009**

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**1. EVALUATION TEAM COMPOSITION**

**Healing Arts Boards:**

California Medical Board - Linda Whitney, Chief of Legislation

**Related Professional Associations**

American College of OB-GYN, District IX –CA - Laurie Gregg, MD

American College of Nurse Mid-Wives - Leslie Cragin, CNM, PhD, FACNM

**OSHDP**

Angela L. Minniefield, MPA, Deputy Director

Gloria J. Robertson, HWPP Program Administrator

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**2. HWPP #171 TEAM REPRESENTATIVES**

Molly Battistelli, HWPP #171 Project Director

Diana Taylor, RN, PhD, Principal Investigator, HWPP #171

Phyllis Schoenwald, PA, Shasta-Diablo Clinic, VP Medical Services

Rebecca Clark, Research Coordinator, Shasta-Diablo Clinic

Debbie Postlethwaite, NP, Kaiser Foundation Research Institute

Colleen Sparks, Shasta-Diablo Clinic

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**Purpose:** To evaluate the project progress in meeting its stated objectives and in complying with program statutes and regulations. This site visit is to assess the training of the Kaiser Permanente Trainees at the Shasta-Diablo Clinic, Concord.

**Method:** Interviews with HWPP #171 Clinics Administrative Team, Trainees and Preceptors, Review of Curriculum/Protocols, Review of Medical Records Abstractions and Patient Satisfaction Summary.

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**3. PRE-ASSESSMENT TEAM CONFERENCE DISCUSSION**

*OSHDP Staff and Evaluation Team*

The evaluation tools were modified over the summer for ease of use by the team. A clip board with a set of the tools, instructions and a copy of the site assessment objectives was provided to each team member.

The evaluation team was asked to submit their completed evaluation tools to the HWPP program administrator before leaving the clinic. A report of the visit will be prepared

from the evaluation tools and sent to each of the team members for their review and input.

#### **4. SITE VISIT PROTOCOLS – REVIEW AND DISCUSSION**

HWPP #171 Project Director, Molly Battistelli, discussed the HIPPA confidentiality forms, site sensitivity to Project participants and participating patients. Confidentiality forms were provided to each member of the evaluation team to review and sign. The site's research coordinator, assigned to oversee the development of the clinical records abstractions submitted her signed certification form to OSHPD-HWPP program administrator certifying that the data pertains to the HWPP #171 project.

Molly Battistelli indicated that originally the HWPP #171 had hoped for 60 APCs to participate in the project but modified their projections to 48 clinicians. They currently have 18 APCs participating in the project of which 2 APCs are from Kaiser Permanente. The records that will be reviewed during the site visits of December 1 and December 2, 2009 represent data from the timeframe of December 1, 2008 through August 31, 2009.

#### **5. ASSESSMENT OF OPERATIONS**

The evaluation team used the Administrative/Operations Site Assessment Form to evaluate the site's administrative documents. The findings are summarized as follows:

##### **Health & Safety Code**

- **Section 128165 (c): Implications of the project for health services curricula and for the healthcare delivery system.**

##### **California Code of Regulation (CCR)**

##### ➤ **Section 92306: Curriculum**

- The Advanced Practice Clinicians (APCs) training curriculum is available at all times for trainee or preceptor use at the clinical site, and is available online. The trainees have indicated that they prefer the textbook to the online system.
- The standardized procedures for the nurse practitioner and nurse mid-wife trainees had a listing of the participating APCs. The delegation of service agreements for the physician assistant trainees had a listing of the participating APCs. However, the APCs signatures were not affixed to the two documents. HWPP #171 representatives indicated that they will have the APCs sign the documents. The evaluation team members representing the Medical Board of California and the Board of Registered Nursing indicated that the listing with signatures is required to identify those practitioners who are participating in the program and are exempt from the statutes and regulations that govern the scope of practice relating to first trimester abortions.
- There has been a modification to the initial number of staff required for the employment/utilization phase. An increase number of APCs has required an increase in clinical time for the research coordinator, from half-time to full-time. The research coordinator is the staff designated to (a) obtain the pilot project consent forms from participating patients, (b) assigns the patient to the APC, (c)

initiates the follow-up survey and logs the returned information into the computerized system, (d) assigns the patient codification number to the records for the project, (e) compile/submit the HWPP #171 data to the principle investigator, and (f) prepares the abstraction records for the OSHPD-HWPP site visits.

➤ **CCR Section 92311: Trainee Information & Preceptor Information**

- The clinic has an APC and preceptor personnel file that reflects the current licensing information of the participants.

➤ **CCR Section 92312: Modifications**

- An increase in the number of APCs has required an increase in clinical time for the research coordinator, from half-time to full-time.

**Health & Safety Code**

➤ **Section 128150: Any patient being seen or treated by a trainee shall be apprised of that fact and shall be given the opportunity to refuse treatment. Consent to the treatment shall not constitute assumption of the risk.**

➤ **CCR Section 92309: Informed Consent**

- The research coordinator is the staff designated to (a) obtain the pilot project consent forms from participating patients, (b) assign the patient to the APC, (c) initiate the follow-up survey and logs the returned information into the computerized system, (d) assign the patient codification number to the records for the project, (e) compile/submit the HWPP #171 data to the principle investigator, and (f) prepare the abstraction records for the OSHPD-HWPP site visits.

**Health & Safety Code**

➤ **Section 128165 (e): The Quality of Care and Patient Acceptance of the Project**

➤ **CCR Section 92308: Monitoring**

- The sponsor has established an online system of tracking patient complications. The site evaluation team was unable to review the patient complications tracking log because a copy of data was not available on site. However, HWPP #171 representatives provided examples of complications experienced by the APCs. Examples given were: an incomplete procedure, a cervical tear, a hematometra and hemorrhage. The HWPP#171 representatives indicated that the preceptor was present to administer treatment for complications.

➤ **CCR Section 92603: Site Visits**

- HWPP #171 has a Data and Clinical Safety Committee (Committee) which meets annually to review information on the safeguards of HWPP #171 participating patients and when any violation of protocols are reported. HWPP #171 indicated that no violations have occurred. This Committee will be meeting either December 2009 or January 2010. The evaluation team is interested in reviewing the findings from the Committee.

- Each APC trainee keeps an observed competency assessment log in which the preceptor reviews with the trainee and signs a procedures log which reflects notes regarding any complications that the APC experiences.
- At this site, 5 APCs are at the competency level and one is in the development stage for competency. Competency is generally reached in the training phase after the APC performs forty or more procedures (40 to 60 procedures).
- The sponsor has established an online system of tracking patient complications. Each site's research coordinator is responsible for in-putting the data to the online system. The site evaluation team was unable to review the patient complications tracking log because a copy of data was not available on site. However, HWPP #171 representatives provided examples of complications experienced by the APC's. Examples given were: an incomplete procedure, a cervical tear, a hematometra and hemorrhage. The HWPP#171 representatives indicated that the preceptor was present to administer treatment/correct to the complications.
- The schedule for the APCs is posted within the administrative area of the site.
- Molly Battistelli, HWPP #171 project director, provided information regarding training costs. The overall pilot projects cost for training the APCs is \$7,200 which includes the following:

<b>The average cost of preparing a trainee</b>	<b>\$7,200.00</b>
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40 procedures to competency	\$2,200.00
Per Trainee Cost – Trained To Competency	<u>\$5,000.00</u>
	\$7,200.00

## 6. PRECEPTOR INTERVIEWS

The evaluation team used the Preceptor Site Assessment Form to evaluate the site's preceptor. The interview with the preceptor was to illicit training assessment for the two Kaiser trainees. The preceptor interviewed is the preceptor for the Kaiser Permanente Trainees as well as for the trainees of Planned Parenthood Shasta-Diablo. The findings from the interview are summarized as follows:

### Health & Safety Code

- **Section 128165 (a): The new health skills taught or extent that existing skills have been reallocated**
- **Section 128165 (d): Teaching methods used in the Project**
- **CCR Section 92603 (c): Interviews with project participants and recipients of care**

**T-11** is the preceptor for the Kaiser Permanente Trainees as well as for the trainees of Planned Parenthood Shasta-Diablo. The interview with T-11 was to illicit training assessment for the two Kaiser trainees. One APC is in the training phase and the other is in the employment/utilization phase.

- APC in the employment/utilization phase – The APCs had very good skills set to begin with, easy to train and is progressing nicely, exhibits leadership qualities. The APC seems to be doing well and would like to increase the number of patient procedures. This APC's weakness may be in the calculations/math skills and chart development.
- APC in the Clinical Training Phase – The APC started the training with limited skills set, basic skills set is lower than other APCs that T-11 has trained. APC is making steady progress. T-11 indicated that better screening may be needed to select APCs for this pilot project. However, the pilot project has a system in place to address concerns regarding the variation in initial skills set of an APC. The preceptor and the trainees together establish a training plan to accommodate the specific needs.
- Overall Assessment Issue: How do you train for complications when there are few results? Response – T-11 finds that conference calls are an asset to the training of the APCs in the aggregate; it is an opportunity to discuss observances of all and allows the clinical APCs to have advanced information. It accommodates the variation in training phases and skills sets.
- One example of a high risk patient for the APCs is a patient who may have a low blood count or fibroids. The APC must realize that judgment must be exercised on how to proceed. This may be time for referral to the preceptor or referral to the general acute care hospital. The preceptor makes the referral to a hospital when required.
- Training challenges that APCs experience are (a) a lag time in the clinical caused by holidays, and (b) going back to the parent clinic where the training skills cannot be used.
- The preceptor will plan for increase in the number of procedures for the APC depending on the work load of the clinic and the preparedness of the APC.
- In the training phase, the APCs are made aware of the protocol for follow-up with participating patients.
- The preceptor periodically reviews patient satisfaction surveys and is proud of the results.
- The APCs need to practice their skills after training to keep up the learned skills set. Thus, T-11 is hoping that the project continues. Other comments by Preceptor - When there is a high level of consent in the clinic, it is easy to pick and choose patients who may be suited for the pilot project training.

## 7. INTERVIEWS WITH THE APCS

The evaluation team used the Interview with Trainee Form to evaluate the site's APCs. Kaiser Permanente has two nurse practitioners being trained at Shasta/Diablo as part of the HWPP #171 pilot project. The findings from the interviews are summarized as follows:

### Health & Safety Code

- **Section 128165 (a): The new health skills taught or extent that existing skills have been reallocated**

- **Section 128165 (d): Teaching methods used in the Project**
- **CCR Section 92603 (c): Interviews with project participants and recipients of care**

**T-993 is currently in the Employment/Utilization Phase.**

- T-993 has been a nurse practitioner since 1975/76. The APC worked in gynecology and later returned to college, earned a master in nursing and was recertified for ob-gyn. T-993 has worked as a solo practitioner in a physician's office, initiated a women's sexual health service, believes that the service is important to patients, desires to add skills and advance in women's health service, and is honored to be a part of the pilot project.
- T-993 feels extremely comfortable with the new skills that have been learned. T-993 has performed 54-56 procedures under the pilot project and does endometrial biopsies.
- T-93 feels empowered from learning the new skills set; the course content was thorough; there was sufficient time allotted for training, but stayed longer in the training phase to obtain more experience; the Preceptor was a good fit, supportive, and validating.
- The research coordinator obtains the signed consent form for the pilot projects participating patients. Consenting patients are assigned to the APC by the research coordinator. Services rendered by T-993 include (a) during the training phase miscarriage management, first trimester abortions, (b) therapeutic abortions only, and (c) during the practice phase spontaneous abortions. The training is a one-on-one process, one APC to one preceptor. There were no instances wherein a patient was assigned to the trainee then re-assigned to a non-trainee practitioner.
- T-993 administers oral medications for para-cervical block, anti-anxiety and pain control, e.g. vicodin, ibuprophen, valium, and motrin.
- T-993 has experienced one minor complication during the training phase. Procedure concluded with some contents retained in the uterus.
- T-993 received information regarding patient follow-up from the research coordinator at the Shasta-Diablo Clinic. At Kaiser, T-993 has had several occasions to follow-up with patients of other clinicians. Kaiser model of care has an established protocol for post survey follow-ups.
- T-993 is aware of the records management protocols. T-993 keeps a log of patient procedures, has reviewed patient follow-up surveys and is pleased with the findings.
- T-993 would like to see a post chapter quiz on the main points in order to prepare for the final quiz would like to see a post chapter quiz on the main points. The preceptor did keep the trainee on track by asking impromptu questions that were case-based. T-993 would like to continue providing services and see laws written to include APCs in the provision of this service.

**T-406 is currently in the Clinical Training Phase.**

- T-406 has been a nurse practitioner since 1996; received a master in women's health and co-founded a teen clinic for adolescent moms. T-406 was inspired to become a practitioner after working as a scrub nurse and heard about the

opportunities to become a nurse practitioner. T-406 had also worked in labor and delivery since 1988. After hearing about this pilot project, T-406 sought the opportunity to expand the professional skills set to offer additional services to patients.

- T-406 indicated that the role is empowering and it takes a while to feel comfortable with the skills being taught. T-406 is in the fifth week of training and has experienced less than twenty procedures.
- T-406 indicated that the didactic was comprehensive with text book and supplemental manual; lots of open ended questions, and required case studies during the clinical phase. The time allocated for the training was adequate, e.g. one day a week for the clinicals.
- The research coordinator assigns the patients to the APC. T-406 has performed less than twenty procedures which included abortion care and ultrasound. One spontaneous abortion was observed. During the clinical training phase T-406 is learning to perform therapeutic abortions. The training is a one-on-one process, one APC to one preceptor. There was no instance wherein a patient was assigned to the trainee then re-assigned to a non-trainee practitioner.
- Medications administered by T-406 include lidocaine; para-cervical block. One patient was not appropriate for the study, was referred to the preceptor, and then patient was referred out of clinic for an appropriate surgical intervention.
- T-406 has not had patient follow-up experience.
- T-406 is aware of the records management protocols, keeps a log of patient procedures, has reviewed patient follow-up surveys and is pleased with the findings.

## **8. CLINICAL RECORDS ASSESSMENT**

The evaluation team used the Clinical Records Assessment Form to evaluate the medical record abstractions and the patient survey abstraction records.

### **Health & Safety Code**

#### **➤ Section 128165 (e) The Quality of Care and Patient Acceptance of the Project**

#### **➤ CCR Section 92603 (a): Site visits shall determine that adequate patient safeguards are being utilized**

- For the period December 1, 2008 through August 31, 2009, the APCs provided services to 295 patients and the clinic physicians provided services to 181 patients. Of the patients seen by the physicians, 62 declined to be seen by the APC. Thirty-three patients consented to participate but were found ineligible for the study.
- The evaluation team reviewed 23 (5%) of the 476 clinical records abstractions of participating patients seen at this site.
- Kaiser of Northern California APCs performed 13 of the 295 procedures performed by the APCs at the Shasta-Diablo site.
- The evaluation team was provided with 23 medical abstraction records with corresponding patient survey abstraction records.

Below are the evaluation team summaries of the 23 abstraction records provided:

<sup>1</sup>Medical Record Abstraction  
Record Number 2191

ICD-9-CM procedure was 635.92;  
reimbursement type – Medi-Cal; No  
complications recorded, no return visit made  
by the patient and the APC did not require  
any preceptor consultation.

Patient Survey Abstraction  
Record Number 2174

Patient follow-up survey report indicated  
that there were two telephone call attempts.  
The patients indicated that there were no  
post discharge problems and the experienced  
was better than expected.

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Medical Record Abstraction  
Record Number 2086

ICD-9-CM procedure was 635.92;  
reimbursement type-none; the patient  
experienced no post discharge problems, and  
there was not a return visit by the patient.

Patient Survey Abstraction  
Record Number 2073

Patient follow-up survey was mailed to the  
site. The patient experience was better than  
expected; the APC was incredibly  
respectful.

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Medical Record Abstraction  
Record Number 1296

ICD-9-CM procedure none; reimbursement  
typed none; Patient had the flu, unknown  
incidents, and unknown follow-up.

Patient Survey Abstraction  
Record Number 1288

Patient follow-up survey report was  
attempted by telephone, but was not  
successful.

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<sup>1</sup> Evaluators were not consistent in the format recording of the medical record abstraction records that corresponded with the patient satisfaction survey number. Thus the breaking line reflects the medical records abstraction record with the corresponding patient survey abstraction record.



Medical Record Abstraction  
Record Number 1910

ICD-9-CM procedure none recorded;  
reimbursement type was Medi-Cal;  
procedure provided by the physician.

Patient Survey Abstraction  
Record Number 1896

Patient follow-up survey report  
mailed to the site; the report  
indicated that the patient did not  
experience any post discharge  
problems.

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Medical Record Abstraction  
Record Number 2214

ICD-9-CM procedure was 635.92;  
reimbursement type –none; patient  
received vicodin; there were no  
incidents, no consultation required  
by the APC and the patient did not  
make a return visit.

Patient Survey Abstraction  
Record Number 2195

Patient follow-up survey was received by  
telephone; patient did not experience any  
post discharge problems; the experience was  
better than expected.

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Medical Record Abstraction  
Record Number 2079

ICD-9-CM procedure was not recorded; the  
reimbursement type not recorded; the patient  
did not return to the clinic and the APC  
required no consultation by the preceptor.

Patient Survey Abstraction  
Record Number 2049

Patient follow-up survey was mailed to the  
clinic; patient did not experience any post  
discharge problems and the experience was  
better than expected.

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Medical Record Abstraction  
Record Number 1780

ICD-9-CM procedure was not recorded;  
reimbursement type was Medi-Cal; the  
procedure was successful; the APC did not  
require preceptor consultation; Patient had  
experienced a c-section in the delivery of the  
1<sup>st</sup> birth.

Patient Survey Abstraction

Patient follow-up survey was received after the second telephone call; the patient experience was better than expected.

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Medical Record Abstraction  
Record Number 2750

ICD-9-CM procedure was 635.92; reimbursement type was Medi-Cal; patients first pregnancy. Procedure was performed by the physician; there were no incidents; the record did not indicate whether the choice made was to the training or provider.

Patient Survey Abstraction

Patient follow-up survey was received by telephone on the first call; the patient experience was better than expected.

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Medical Record Abstraction  
Record Number 2096

ICD-9-CM procedure was 635.92; reimbursement type was Medi-Cal; the procedure was successful with no follow-up or consultation by preceptor.

Patient Survey Abstraction

Patient follow-up was received by mail; the patient experience was better than expected.

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Medical Record Abstraction  
Record Number 2241

ICD-9-CM procedure was 635.92; reimbursement type was Medi-Cal. The procedure was successful and did not require follow-up or preceptor consultation.

Patient Survey Abstraction

Patient follow-up was received on the second telephone call; the patient experience was about what she expected.

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Medical Record Abstraction  
Record Number 2219

ICD-9-CM procedure was 635.92; the reimbursement type was Medi-Cal. The record did not indicate whether there was a return visit; the procedure was successful and did not require preceptor consultation.

Patient Survey Abstraction

Patient follow-up was made by telephone (three attempts) but was not reached.

Medical Record Abstraction  
Record Number 1926

The ICD-9-CM procedure was not recorded; reimbursement type not recorded; no incidents or return visits; the procedure was successful and was provided by a physician.

Patient Survey Abstraction

Patient follow-up was received by mail; the patient experience was what was expected.

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Medical Record Abstraction  
Record Number 1214

The ICD-9-CM procedure was not recorded; the reimbursement type was Medi-Cal; the procedure was performed by the physician.

Patient Survey Abstraction

Patient follow-up was received by mail; the patient experience was what was expected.

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Medical Record Abstraction  
Record Number 3440

The ICD-9-CM procedure was 635.92; the reimbursement type was Medi-Cal; the patient returned to the clinic after discharge.

Patient Survey Abstraction

Patient follow-up was attempted by telephone ((three attempts) but was not reached.

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Medical Record Abstraction  
Record Number 1701

The ICD-9-CM procedure was not recorded; the reimbursement type was Medi-Cal; the patient returned to the clinic after discharge.

Patient Survey Abstraction

Patient follow-up was attempted by telephone (three attempts) but was not reached.

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Medical Record Abstraction  
Record Number 3547

The ICD-9-CM procedure was 635.92; the reimbursement type was Medi-Cal. There were no return visits and no incidents. The procedure was administered by a physician.

Patient Survey Abstraction

Patient follow-up was by telephone (10/09); the patient did not experience any post discharge problems and did not lose any time from work. The patient's experience was better than expected.

Medical Record Abstraction  
Record Number 2177

The ICD-9-CM procedure was 635.92; the reimbursement type – none; the procedure was performed by the APC. There were no return visits and no incidents.

Patient Survey Abstraction

Patient follow-up was received by mail – July 09; the patient did not experience any post discharge problems; did not lose any time from work; overall the patient’s experience was what she had expected.

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Medical Record Abstraction  
Record Number 3490

The ICD-9-CM procedure was 635.92; the reimbursement type was Medi-Cal. It is unknown whether the patient visited the clinic after discharge and unknown if there were any incidents. The procedure was administered by the APC with no consultation required of the preceptor.

Patient Survey Abstraction

Patient follow-up was attempted by telephone (three attempts) but was not reached.

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Medical Record Abstraction  
Record Number 1934

The ICD-9-CM procedure was not recorded; the reimbursement type was noted on the abstract. Patient declined the follow-up survey; incident report did not collaborate with report. One of the abstracts indicated that APC performed the procedure; the other indicated that the physician assisted in the procedure. A reaspiration was performed.

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Medical Record Abstraction  
Record Number 2042

The ICD-9-CM procedure was not recorded; the reimbursement type was noted on the abstract. The APC performed the procedure. It is unknown whether there was a follow-up visit. Evaluation team member indicated that there was no evidence to determine whether the patient experienced a complication.

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Medical Record Abstraction  
Record Number 2231

The ICD-9-CM procedure was not recorded on the assessment form. The physician

performed the procedure. Reimbursement type was noted on the abstract but not transferred to the clinical assessment form.

Patient Survey Abstraction

Patient follow-up was attempted (three times) but was not reached.

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Medical Record Abstraction  
Record Number 2209

The ICD-9-CM procedure was recorded on the abstraction record; there was no follow-up appointment. Three attempts to reach the patient were made but no response. The APC performed the procedure; preceptor consultation was not required. Evaluation team member comment – How do we know the outcome or presence of complications?

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Medical Record Abstraction  
Record Number 1267

The ICD-9-CM procedure was recorded on the abstraction record; patient follow-up was received by mail no complications recorded; a physician performed the procedure.

## 9. OTHER SITE DISCUSSION

Issues: The HWPP Program Administrator discussed the following with the team: The fall 2009 site assessment visits are crucial to OSHPD. This implementation year (2009-2010) will conclude the projected timeframe for the pilot project. The timeframe was provided in the approved application. OSHPD-HWPP program understands from the project director, Molly Battistelli, that UCSF will request a fourth project extension. They have not reached their goals in obtaining the number of APCs projected in the study and wish more time to meet the project goals.

Questions from the evaluation team:

Q1. When does the project expire?

Response: The project expires March 31, 2010.

Q2. What happens after the project expires?

Response: The HWPP program administrator will (a) request a closing report for the project HWPP #171 principals and (b) develop a report for the project.

Q3. What is the likelihood that the project will be extended?

Response: An extension is based on the justification submitted to the OSHPD and the OSHPD Director's discretionary review related to the justification.

Q4. If a patient is not contacted nor has a follow-up appointment, should the patient be included in the study?

Q5. How do we know if there was a complication?

Response: All consenting patients that receive a procedure by an APC or the preceptor should be included in the study. OSHPD-HWPP asked to review abstract records of an MD control group during the assessment visits. OSHPD-HWPP relies on the abstraction records and the procedures log for the documentation of complications.

OSHPD wishes to review a sample of patient records to corroborate the patient abstraction process and to review records of patients that may have experienced a complication as a result of the first trimester procedure. Planned Parenthood has objected to the review of medical records. The issue has not been resolved, thus we will continue with the review of record abstractions from the patient medical records and the patient satisfaction survey forms.